

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N95000003449					
1. Entity Name HOLINESS BORN AGAIN CHURCH OF JESUS CHRIST (APOSTOLIC), INCORPORATED					
Principal Place of Business 6452 PEMBROKE RD HOLLYWOOD, FL 33021 US			Mailing Address 1503 SW 161 AVENUE PEMBROKE PINES, FL 33027		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 65-0596529				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMES, DAFTON 1503 SW 161 AVENUE PEMBROKE PINES, FL 33027			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200060628482 10/14/05--01052--013 **\$1.25 City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD <input type="checkbox"/> Delete NAME JAMES, DAFTON STREET ADDRESS 1503 SW 161 AVE CITY-ST-ZIP PEMBROKE PINES, FL 33027	TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME URQUHART, CRYSTAL STREET ADDRESS 10208 SW 12 ST CITY-ST-ZIP PEMBROKE PINES, FL 33025				
TITLE -SB- <input type="checkbox"/> Delete NAME JAMES, PAULINE STREET ADDRESS 1503 SW 161 AVE CITY-ST-ZIP PEMBROKE PINES, FL 33027	TITLE VP D <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME James, Pauline				
TITLE D <input type="checkbox"/> Delete NAME EULA, NELSON STREET ADDRESS 3961 NW 34TH AVENUE CITY-ST-ZIP LAUDERDALE LAKES, FL 33309	TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME BOWEN, CHRISTINE STREET ADDRESS 6575 W OAKLAND PRK BLVD # 216 CITY-ST-ZIP LAUDERHILL FL 33313				
TITLE T <input type="checkbox"/> Delete NAME BROWN, CLAUDETTE STREET ADDRESS 1503 NW 161ST AVENUE CITY-ST-ZIP PEMBORKE PINES, FL 33027	TITLE VP D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME LEWIS, JABEZ STREET ADDRESS 2401 Scotts Level Rd CITY-ST-ZIP Baltimore, MD				
TITLE D <input type="checkbox"/> Delete NAME SALOM, CASWELL STREET ADDRESS 6452 PEMBROKE ROAD CITY-ST-ZIP HOLLYWOOD, FL 33021	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME REID, KENNETH STREET ADDRESS 6226 SW 19 ST CITY-ST-ZIP Hollywood, FL 33023				
TITLE D <input type="checkbox"/> Delete NAME ALTIMON, NEPAUL STREET ADDRESS 6444 FUNSTON STREET CITY-ST-ZIP HOLLYWOOD, FL 33023	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JAMES, ODANE STREET ADDRESS 1503 SW 161 AVE CITY-ST-ZIP PEMBROKE PINES, FL 33027				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Date 10/11/05 Daytime Phone # 954-987-1448		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					